MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

MAY 31 1937

1. PLACE OF DEATH
County: Ste. Gen.
Township: Ste Genevieve
City: Ste. Genevieve (No. ..... St. ..... Ward)

Registration District No. 780
Primary Registration District No. 4466

File No. 17485
Registered No. 23

2. FULL NAME: Louis Bonjour

(a) Residence, No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): August 20. 1868

7. AGE: Years 68 | Months 7 | Days 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Inmate Ste,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Genevieve County Farm
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hillman Indiana

FATHER

13. NAME: Louis Bonjour
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Switzerland

MOTHER

15. MAIDEN NAME: C. Bonjour
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT: Mrs August Brickley
(ADDRESS): Ste Genevieve Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Ste Genevieve Mo DATE: April 14, 1937

19. UNDERTAKER: Leo C Bailey
(ADDRESS): Ste Genevieve Mo

20. FILED: Apr 15, 1937 T. W. Douglas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 14, 1937

22. I HEREBY CERTIFY, That I attended deceased from April 14, 1937, to April 14, 1937.
I last saw h. M. alive on April 14, 1937. Death is said to have occurred on the date stated above, at 11:30 Am.
The principal cause of death and related causes of importance were as follows:

	Date of onset ?
Chronic Valvular Heart disease	
Other contributory causes of importance:	
Acute on a Chronic Myocardit	4/14/37

Name of operation: None Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19....
Where did injury occur? ..... (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify .....
(Signed) R. C. Lacuny, M. D.
(Address) Ste. Genevieve Mo

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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